

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527216

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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15						
16			I			
17			I			
18						
19			II			
20						
21			I			
22			I			
23				I		
24			I			
25				I		
26			I			
27			I			
28				I		
29						
30			III			
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49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						